



06-19-03

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TECH CENTER 1600/2900

PATENT
ATTORNEY DOCKET NO. 05032-00913

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Wouter L.J. Hinrichs and Henderik W. Frijlink) Examiner: James M. Spear
Serial No.: 10/007,800) Art Unit: 1615
Filed: December 7, 2001)
Title: STABILIZER FOR PHARMACONS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Dear Sir:

In regard to the above identified application, we are transmitting herewith the attached:

1. Amendment and Response to Office Action, and
2. Return postcard.

With respect to additional fees:

- A. No additional fee is required.
- B. An additional fee is required and has been calculated as shown below:



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PATENT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Wouter L.J. Hinrichs and Henderik W. Frijlink) Examiner: James M. Spear
Serial No.: 10/007,800) Art Unit: 1615
Filed: December 7, 2001)
Title: STABILIZER FOR PHARMACONS)

#7B
m.m.
7/2/03

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This is in response to the Office Action dated March 26, 2003. Kindly amend the above-referenced application as follows.

Amendments to the claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

[REMAINDER OF PAGE IS INTENTIONALLY BLANK]

06/23/2003 BABRAHA1 00000050 190733 10007800

01 FC:1202 18.00 DA
02 FC:1201 84.00 DA

USSN 10/007,800
Express Mail Receipt No. EV 323344237 US

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	21	Minus	20	1	X \$18	= \$18.00
Indep. Claims	5	Minus	4	1	X \$84	= \$84.00
				Total Additional Claims Fees		\$102.00
Petition/Request for Extension of Time			_____ months		\$0.00	
				Total Additional Fees for this Amendment		\$102.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

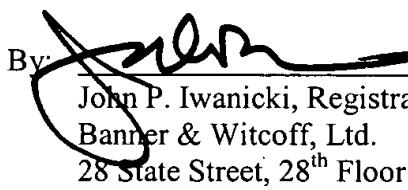
*** Each multiple dependent claim should be counted as the number of claims from which it depends.

- C. Attached is a check in the amount of \$_____.
- X D. The Commissioner is hereby authorized to charge the total additional fee of \$102.00 to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
- E. The Commissioner is hereby authorized to charge the Petition fee of \$_____ to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Dated: June 18, 2003

By: 
 John P. Iwanicki, Registration No. 34,628
 Banner & Witcoff, Ltd.
 28 State Street, 28th Floor
 Boston, MA 02109
 Telephone (617) 720-9600